**EMPLOYMENT APPLICATION FORM TO JOIN**
**THE BELIZE DEFENCE FORCE**

| | |
|---|---|
| **Instructions:** This application must be completed by the applicant in **BLOCK** letters.<br><br>Plēase complete all sections as thoroughly as possible. **It is necessary to provide complete information, as this will be used to determine eligibility.** | **OFFICE USE ONLY**<br>DATE RECEIVED |

| **PERSONAL INFORMATION** | | | |
|---|---|---|---|
| **Full Name:** _____<br>First Middle Last | | | **Date:** |
| **Place of Birth:** | **Age:** | | **Gender:** |
| **Date of Birth:** (dd/mm/yy) | | | **Male** ☐ **Female** ☐ |
| **Home Adress:** | **District:** | | **Village/ Town:** |
| **Personal Phone Number:** | **Next of Kin:** | **relationship:** | **Contact Number:** |
| **Email:** | **Social Security Number:** | | **Passport Number:** |
| **Nationality:** | | | **Expiry Date:** |
| **Height**:____ft ____ins | **Weight:** **lbs** | **Blood Type:** | **Shoe Size:** |
| **Marital Status:**<br>**Single** ☐ **Married** ☐ **Other** _____ | | | **Children** |
| **Languages Spoken:** | | | |

| **EDUCATIONAL BACK GROUND** | | | |
|---|---|---|---|
| **Institution** | **Location** | **Year attended** | **Degree received** |
| | | | |
| | | | |
| | | | |

| **OTHER INFORMATION** | | | |
|---|---|---|---|
| | **YES** | **NO** | |

| | | | | |
|---|---|---|---|---|
| Are You a Belizean Citizen | | | | |
| Are Both of Your Parents Belizean | | | | |
| Have you been Convicted of a felony | | | | |
| Have you been to Court (not Convicted) | | | | |
| Do you have any Pending Court Hearing | | | Date: | |
| Do you suffer from any Medical Illness | | | Type of Illness | |
| Do you have any member of your family in the BDF | | | Relationship: | |

**REFERENCES**
**(business and professional only)**

| | Name | Title | Company | Cell Number |
|---|---|---|---|---|
| **1** | | | | |
| **2** | | | | |

**WORK EXPERIENCE**

| Employer Name | Job Description | Date From | Date To |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

**Attachments (failure to send an attachment will result in disqualification)**

| | |
|---|---|
| **1** | Copy of Social Security |
| **2** | Copy of Diploma/s |
| **3** | Copy of Birth Certificate |
| **4** | 02 X recommendations |
| **5** | Police Record |
| **6** | Psychological Screening Questionnaire |

**APPLICANT'S SIGNATURE:**

- **Please read carefully before signing. This application is not valid unless signed by the applicant.**
- **Your signature on this application form is your consent for the condition of being considered for employment in the Belize Defence Force.**

I certify that the information provided in this application and attachments are true and complete. I understand that if any information in this application or attachments are found to be untrue or incomplete, my application may be rejected or I may be dismissed in the event that I am the successful applicant.

**SIGNATURE:** _____ **DATE:** _____